

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Olivas, Rosalinda (ARCH)	CHAPTER 100.1
Address: 3410 Aliamanu Street Honolulu, Hawaii, 96818	Inspection Date: April 2, 2019 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

STATE OF HAWAII
OFFICE OF HEALTH CARE ASSURANCE
STATE LICENSING SECTION

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – “Acetaminophen 325mg two tabs q 8hours for pain/temp < 100” ordered 10/1/18. However, Medication Administration Record (MAR) for the months of October 2018 through April 2019 reads “Acetaminophen 325 mg two tabs po qd PRN.”</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>As of April 3, 2019 Medication Administration Record (MAR) for the month of October 2018 Through April 2019 which reads "Acetaminophen 325 mg two tabs po qd PRN was changed to "Acetaminophen 325 mg 2 tabs q 8 hours for pain / temp < 100 from October 2018 through April 2019 in the MAR of Resident #1</i></p>	<i>April 3, 2019</i>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – “Acetaminophen 325mg two tabs q 8hours for pain/temp < 100” ordered 10/1/18. However, Medication Administration Record (MAR) for the months of October 2018 through April 2019 reads “Acetaminophen 325 mg two tabs po qd PRN.”</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>In the Future, I will:</i></p> <ol style="list-style-type: none"> <i>1) Re read prescribed medication orders twice before writing to the MAR.</i> <i>2) After writing the prescribed medication on the MAR, compare what I have written and the prescribed medication order, to make sure they are the same.</i> <i>3) I will ask my substitute caregiver to check the MAR with me every month in order that all medications are correct with the right doctors order.</i> 	<p><i>May 29, 2019</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 Medications. (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p>FINDINGS Resident #1 - The following medications not renewed between the months of 10/1/18 and 4/2/19, a period of 6 months:</p> <ul style="list-style-type: none"> • Senna 8.6/50mg two caps po hs • Mirtazapine 30mg 1 tab every night • Omeprazole 40mg 1 cap po daily • Ipratropium/Albuterol Nebulizer q 6hrs PRN • Acetaminophen 325mg 2 tab q 8hrs PRN • Oscal with VitD 500/250 1 tab po daily • Vanicream daily/PRN 	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Primary Care Provider (PCP) came to visit the patient on April 19, 2019, and she renewed her medications:</p> <p>Senna 8.6/50mg Two caps po hs Mirtazapine 30mg 1 tab every night Omeprazole 40mg 1 cap po daily Ipratropium / Albuterol Nebulizer q 6hrs PRN Acetaminophen 325mg 2tab q 8hrs PRN Oscal with Vit D 500/250 1 tab po daily Vanicream daily PRN</p>	<p>April 19, 2019</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(1)(C) Residents' rights and responsibilities:</p> <p>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:</p> <p>Be fully informed orally and in writing, prior to or at the time of admission, and during stay, of services available in or through the Type I ARCH and of related charges, including any charges for services not covered by the Type I ARCH's basic per diem rate;</p> <p><u>FINDINGS</u> Resident #1 - General Operating procedures include a range of rate for monthly services. The specific monthly rate not specified.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>As of April 3, 2019, I have written the specific monthly payment of resident #1 in her policy.</p>	<p>April 3, 2019</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(1)(C) Residents' rights and responsibilities:</p> <p>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:</p> <p>Be fully informed orally and in writing, prior to or at the time of admission, and during stay, of services available in or through the Type I ARCH and of related charges, including any charges for services not covered by the Type I ARCH's basic per diem rate;</p> <p><u>FINDINGS</u> Resident #1 - General Operating procedures include a range of rate for monthly services. The specific monthly rate not specified.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>In the future, we have to review with my substitute caregiver to recheck all rates for monthly services and should be written specifically on the policy.</i></p>	<p><i>April 3, 2019</i></p>

Licensee's/Administrator's Signature: Rosalinda Olivas

Print Name: ROSALINDA OLIVAS

Date: April 25, 2019

Licensee's/Administrator's Signature: Rosalinda Olivas

Print Name: ROSALINDA OLIVAS

Date: MAY 24, 2019